

EXHIBIT 1300-2

**AGENCY WITH CHOICE
CO-EMPLOYMENT AGREEMENT**

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Member's Name

AHCCCS ID #

Date

Next Review Date (Optional)

The purpose of this agreement is to create a partnership between the ALTCS Member (you) and the agency providing your services (us). This agreement will help us identify how we will work together to choose, manage and supervise your Direct Care Workers (DCWs).

As a co-employer, **you** agree to work together with us to make sure your care is provided in the way you want and need to support you living in your own home. As a co-employer, you will choose the DCWs who will be providing your care and will make decisions on how your care is provided on a daily basis. This agreement will help you learn and decide how you want to direct your care with our assistance.

As a co-employer, **we** agree to continue to do what we normally do to ensure the quality of your care, but we also have the opportunity to assist you in directing your own care. This agreement will help us learn how involved you want us to be in directing your care and what we can do to help you.

Before signing the agreement, we must check that you:

- Are living in your own home,
- Receiving either attendant care, personal care, homemaker and/or habilitation services,
- Have told the case manager of your decision to choose the agency with choice, member-directed option, and
- Have an Individual Representative if you are unable to serve as a co-employer on your own

It is important for you to know:

- You must agree to choose (select) the DCWs who will provide your care and make the decision to dismiss the DCW and choose another DCW if things are not working out. Those responsibilities are already selected on the checklist on the next page. All other responsibilities are optional. You may check off other responsibilities you want to have in directing your care.
- You can change your mind about participating in the agency with choice at any time by telling us and your case manager.

By signing below, the two of us agree

- To our responsibilities listed in the checklist on the next page
- To talk on a regular basis and ask for support when we need help from one another and
- To, in the case we disagree about something, give the other person an opportunity to learn about the issue and discuss options for resolving the problem.

Member's Signature

Date

Individual Representative's Signature (as applicable)

Date

Agency Representative Signature

Date

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[illegible]

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<i>Member's Name</i>	<i>AHCCCS ID #</i>	<i>Date</i>	<i>Next Review Date (Optional)</i>
<p>EMPLOYER RESPONSIBILITY</p> <p><input type="checkbox"/> TRAINING OF DCWS</p> <p style="text-align: center;"><i>Training DCWs to meet my unique needs</i></p>	<p>YOUR RESPONSIBILITY</p> <ul style="list-style-type: none"> • Identify training needs of the DCW that are necessary to meet my unique needs. <p><i>[I can't ask for my DCW to get training that is already required. I can ask that my DCW get additional training if I have a unique need that can only be met if the DCW gets more training.]</i></p> <p>Decisions you need to make: <i>Is there something that I need the DCW to do that I can't show him/her how to do...something that would require the DCW to get more training?</i></p>	<p>OUR RESPONSIBILITY</p> <ul style="list-style-type: none"> • Provide standardized training to the DCW including training required by AHCCCS, ALTCS Contractors and the provider agency 	
<p><input type="checkbox"/> MANAGEMENT OF DCWS</p> <p style="text-align: center;"><i>Making decisions on how my care is provided</i></p>	<ul style="list-style-type: none"> • Orient the DCW to the manner in which I want the services provided. <p>Decisions you need to make: <i>How do I want the DCW to do the tasks? Do I need to show or tell the DCW how to do it the way I like it done?</i></p> <ul style="list-style-type: none"> • Determine the schedule for the DCW including determining specific days/times when tasks will be done. <p><i>[I can only schedule services and hours for the DCW that are listed on my service plan. I can't decide to change services or add hours to the schedule.]</i></p> <p>Decisions you need to make: <i>Do I want the DCW to do some services or tasks on certain days? At certain times of the day?</i></p> <ul style="list-style-type: none"> • Notify the agency when a service scheduling change has occurred (or needs to occur) that did/will not result in a gap in services <p>Decisions you need to make: <i>Did I change the weekly schedule for the worker? Did I tell the agency?</i></p> <ul style="list-style-type: none"> ❖ Keep track of the hours your DCW works and review and sign timesheets of the DCW <p>Decisions you need to make: <i>Did the DCW work the right amount of hours for each service? Did the DCW do the work that s/he put on the timesheet? Did the DCW put down the right service(s) on the timesheet, the right days and times the services were provided?</i></p>	<ul style="list-style-type: none"> • Complete and file all required payroll documentation • Oversee and process DCW timesheets and billing for services 	

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Next Review

EMPLOYER RESPONSIBILITY	YOUR RESPONSIBILITY	OUR RESPONSIBILITY
<p><input type="checkbox"/> Supervision of DCWs</p> <p><i>Making sure my care is provide the way I want.</i></p>	<ul style="list-style-type: none"> • Monitor and instruct the DCW, as necessary, to ensure quality of care. <p><i>Decisions you need to make:</i> <i>Did I tell the DCW the way I wanted the tasks to be done? Did I give the DCW enough time and chances to learn how I want it done? Is s/he doing it the way I want it done?</i></p> <ul style="list-style-type: none"> • Communicate regularly with the DCW and the provider agency about the DCWs performance. <p><i>Decisions you need to make:</i> <i>Have I told the DCW if s/he is doing a good job? Have I told them if they need to improve? Have I told the agency how the DCW is doing or not doing a good job?</i></p>	<ul style="list-style-type: none"> • Conduct regular supervision visitations required by AHCCCS and ALTCS Contractors • Support you to use conflict resolutions strategies in the event the member is unsatisfied with the DCWs performance.

COMMENTS

We can use this space to write down specific things we have agreed to do while filling out

the agreement together. For example, we can use this space to write down:

- How often we agree to check in with one another
- How and when you should let us know you have changed the DCWs schedule
- When we want to review the agreement

[illegible]